Please type a plus sign (+) inside this box

▶	ł
---	---

PTO/SB/82(10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/863,960
Patent Number	
Filing Date	May 23, 2001
First Named Inventor	Brian R. VICICH
Group Art Unit	2833
Examiner Name	B. Hammond
Attorney Docket Number	80505.5

I hereby revoke all pre application:	vious powers of attorney or auth	orizations of agent give	n in the above-identified	
A Power of Attorne	ey or Authorization of Agent is su	bmitted herewith.	31 2003 //	
OR		T	echnology Center 2800	
Please change the	e correspondence address for the	e above-identified appli	cation to:	
Customer	Number	\supset \longrightarrow	Place Customer Number Bar Code Label here	
OR Firm or				
Individual Name				
Address Address	1			
City				
Country		State	ZIP	
Telephone		Fax		
l am the: Applicant/Ir	nventor.		RECEIVED	
Assignee of record of the entire interest. See 37 CFR 3.71.			OCT 3 1 2003	
Statement	under 37 CFR 3.73(b) is enclose		Technology Center 2800	
	SIGNATURE OF Applicant o	r Assignee of Record		
Name	Mr. John Shine		•	
Signature	The Act	9		
Date	10 (10 (03		•	
NOTE: Signatures of all the Inven forms if more than one signature	itors or assignees of record of the entire i is required.	nterest or their representative	(s) are required. Submit multiple	
*Total ofform:	s are submitted	-		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the IndMdual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

Figure 1.

PTO/SB/96(08-00)

Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	STATEMENT UNDER 37	CFR 3.73(b)
Applicant/Patent Owner: Brlan R.	VICICH et al.	
Application No./Patent No.: 09/8	363,960 Filed/Issue Date:	May 23, 2001
Entitled: ELECTRICAL CONNEC		
CONFIGURABLE CONTACTS		
SAMTEC	., a Corporation	
(Name of Assignee)	(Type of Assignee, e.g., cor	poration, partnership, university, government agency, etc.)
states that it is:	•	DECENTED
		RECEIVED
2. an assignee of less that	n the entire right, title and inte	erest.
	tage) of its ownership interest	Formiology contact act
In the patent application/patent ic	· ·	
was recorded in the Unit	inventor(s) of the patent appli ed States Patent and Tradem	cation/patent identified above. The assignment ark Office at Reel <u>011848</u> , Frame <u>0226</u> , or
for which a copy thereof is a		
OR	ittached,	
assignee as shown below: 1. From: The document was	recorded in the United States	ation/patent identified above, to the current To: Patent and Trademark Office at Office of the current of the
		_, or for fillion a copy thereor is attached.
From: The document was	recorded in the United States	To: Patent and Trademark Office at
Reel	_,Frame	_, or for which a copy thereof is attached.
3. From:		To
The document was	recorded in the United States	Patent and Trademark Office at
Reel	,Frame	_, or for which a copy thereof is attached.
[] Additional document	ts in the chain of title are listed	d on a supplemental sheet.
must be submitted to Assign	e., the original assignment doc	cument or a true copy of the original document) with 37 CEB Part 3, if the assignment is to be
The undersigned (whose title is	supplied below) is authorized	to act on behalf of the assignee.
	_	Mr. John Shine
Date	•	Typed or printed name
		The state of
		Signature
		President
		Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

	Г
_	+

PTO/SB/81(02-01)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number Patent Number	09/863,960
Filing Date	May 23, 2001
First Named Inventor	Brian R. VICICH
Title	ELECTRICAL CONNECTOR
Group Art Unit	2833
Examiner Name	B. Hammond
Attorney Docket Number	80505.5
į	·

l hereby appo	dine.						
Thereby appo	япт.			,	Place Custo	omer	
Practi	itioners at Custor	mer Number		→	Number Bai		
				- (+ m)	Label here		
OR	•	•					
✓ Pract	itioner named be				-		
	*	Name		Registration N	lumber		
	Joseph R. Ke		37,368				
	Christopher A	. Bennett	46,710				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·				J	
As my/our at	torney(s) or agen	it(s) to prosecute the ap	plication identified a	above, and to trans	sact all		
business in t	he United States	Patent and Trademark	Office connected the	nerewith.			
Diana aka		1)				· · · · · · · · · · · · · · · · · · ·	
Please cha	nge the correspo	ndence address for the Customer Number.	above-identified ap	plication to:			
OR THE AL	ove-mentioned (Justomer Number.			Place Cu	uatamar	
<u> </u>	ioners at Custom	er Number		→		Bar Code	
ŌŔ					Label hei		
· · · · · · · · · · · · · · · · · · ·			•				
Firm or		Keating & Ber	nnett, LLP				
	al Name						
Address Address		10400 Eaton P Suite 312	lace				
City		Fairfax	State	11/4	1 716	1 00000	
Country		USA	State	VA	ZIP	22030	
Telephone		(703) 385-5200	}	Fax	(702) 285	(703) 385-5080	
I am the:				I LAX	(703) 383	-3080	
Applicant/I	nventor.						
Assignee of	of record of the e	ntire interest. See 37 C	CFR 3.71.				
Stateme	ent under 37 CFF	R 3.73(b) is enclosed. (F	Form PTO/SB/96)				
			Applicant or Assi	nnee of Record			
Name	A/	r. John Shine	,				
Signature		11 A					
Date		10/10/	03				
NOTE: Signatures of a forms if more than one	If the inventors or a	ssignees of record of the en	tire interest or their rep	resentative(s) are requ	ılred. Submit multipi	e	
						 	
Total of	forms are su	bmitted	•				

Burden Hour Statement: This form Is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

OCT 3 1 2003